

LOS RIOS COMMUNITY COLLEGE DISTRICT GRANTS OFFICE

GRANT AUGMENTATION FORM

(Instructions provided on the opposite side of this form.)

Grants Office Use Only

Date Received Augment # _____ : ____ / ____ / ____
 Date Received Augment # _____ : ____ / ____ / ____
 District File Number: _____

PART I: GENERAL INFORMATION

Complete Part I. Use this form if receiving additional dollars for an existing grant. This form may be used for two augmentations for the same grant. Questions? Call the Grants Office at 568.3130.

College/Unit	<input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/> WEDC <input type="checkbox"/> DO					
Grant Program Name						
Project Title						
Project Director					Phone	
Responsible Administrator					Phone	
Funding Agency					Funding Agency Grant Number	

PART II: FIRST GRANT AUGMENTATION

Submission Deadline: _____

Amount of Augmentation:

Direct Costs: \$ _____

Indirect Costs: \$ _____ Indirect Cost Rate: _____ %

Total Costs: \$ _____ **ATTACH REVISED BUDGET**

Augment Start Date: _____ Augment End Date: _____

Comments: _____

Submit Augment To: (Provide Contact Person & Address)

Form of Delivery: ☐ Mail ☐ Hand-Delivery

Delivery of Augment: ☐ Grants Office Delivery Requested
☐ College/Unit Will Pick Up & Deliver

Approval :

College President _____ Date: _____

Fiscal Services _____ Date: _____

Vice Chancellor _____ Date: _____

(Fiscal Review Contact: _____)

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____

College Copy Sent To: _____ Date: _____

Fiscal Copy Sent To: _____ Date: _____

Comments:

PART III: SECOND GRANT AUGMENTATION

Submission Deadline: _____

Amount Requested:

Direct Costs: \$ _____

Indirect Costs: \$ _____ Indirect Cost Rate: _____ %

Total Costs: \$ _____ **ATTACH REVISED BUDGET**

Augment Start Date: _____ Augment End Date: _____

Comments: _____

Submit Augment To: (Provide Contact Person & Address)

Form of Delivery: ☐ Mail ☐ Hand-Delivery

Delivery of Augment: ☐ Grants Office Delivery Requested
☐ College/Unit Will Pick Up & Deliver

Approval:

College President _____ Date: _____

Fiscal Services _____ Date: _____

Vice Chancellor _____ Date: _____

(Fiscal Review Contact: _____)

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____

College Copy Sent To: _____ Date: _____

Fiscal Copy Sent To: _____ Date: _____

Comments: